

<i>SERFF Tracking Number:</i>	<i>UTAC-127342402</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49411</i>
<i>Company Tracking Number:</i>	<i>LOYAL STD 2011 RATE FILING</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Loyal Std 2011 Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Loyal Std 2011 Rate Filing/Loyal Std 2011 Rate Filing</i>		

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Loyal Std 2011 Rate Filing	SERFF Tr Num: UTAC-127342402	State: Arkansas
TOI: MS051 Individual Medicare Supplement - Standard Plans	SERFF Status: Closed-Approved-Closed	State Tr Num: 49411
Sub-TOI: MS051.001 Plan A	Co Tr Num: LOYAL STD 2011 RATE FILING	State Status: Approved-Closed
Filing Type: Rate	Author: Naz Melyas	Reviewer(s): Stephanie Fowler
	Date Submitted: 07/27/2011	Disposition Date: 09/02/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: 10/01/2011		Implementation Date:

State Filing Description:

General Information

Project Name: Loyal Std 2011 Rate Filing	Status of Filing in Domicile: Pending
Project Number: Loyal Std 2011 Rate Filing	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 15%	Filing Status Changed: 09/02/2011
	State Status Changed: 09/02/2011
Deemer Date:	Created By: Naz Melyas
Submitted By: Naz Melyas	Corresponding Filing Tracking Number:
Filing Description:	

Please note that this rate increase filing also serves as the Annual Rate Certification for the 2011 calendar year.

Company and Contact

Filing Contact Information

(Mr) Naz Melyas, Actuarial Analyst	NMelyas@gafri.com
11200 Lakeline Boulevard #100	866-459-4272 [Phone] 1595 [Ext]
Austin, TX 78717	

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Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
Company
P.O. Box 559004 Group Name: State ID Number:
Austin, TX 78755-9004 FEIN Number: 63-0343428
(800) 633-6752 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? Yes
Fee Explanation: AR Fee schedule
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$300.00	07/27/2011	50135996

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/02/2011	09/02/2011
Disapproved	Stephanie Fowler	08/24/2011	08/25/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Proposed Rate Charts	Naz Melyas	09/02/2011	09/02/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Annual Rate Certification	Note To Reviewer	Naz Melyas	09/02/2011	09/02/2011

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Disposition

Disposition Date: 09/02/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing; no increase was approved.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	15.000%	15.000%	\$28,935	105	\$192,901	15.000%	15.000%

SERFF Tracking Number:	UTAC-127342402	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Current Rate Charts	Approved	Yes
Rate (revised)	Proposed Rate Charts	Approved	Yes
Rate	Proposed Rate Charts @ 12%	Disapproved	No

SERFF Tracking Number:	UTAC-127342402	State:	Arkansas
Filing Company:	Loyal American Life Insurance Company	State Tracking Number:	49411
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TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
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Disposition

Disposition Date: 08/24/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the fact that this block of business is not credible and that we have approved substantial rate increases on this block of business since June 2007; we cannot approve this rate increase at this time.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	15.000%	15.000%	\$28,935	105	\$192,901	15.000%	15.000%

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<i>Product Name:</i>	<i>Loyal Std 2011 Rate Filing</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	Current Rate Charts	Approved	Yes
Rate (revised)	Proposed Rate Charts	Approved	Yes
Rate	Proposed Rate Charts @ 12%	Disapproved	No

SERFF Tracking Number: UTAC-127342402 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 49411

Company Tracking Number: LOYAL STD 2011 RATE FILING

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
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Product Name: Loyal Std 2011 Rate Filing

Project Name/Number: Loyal Std 2011 Rate Filing/Loyal Std 2011 Rate Filing

Amendment Letter

Submitted Date: 09/02/2011

Comments:

Attached are rate charts reflecting 0% (no increase). Please let me know if you have any questions. Thanks

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Proposed Rate Charts	L-5230, L-5231, L-5232, L-5233, L-5234, L-5235	Revised	Previous State Filing Number: 46185	Exhibit 4 - Proposed Rates 0%.pdf
Exhibit 4 - Proposed Rates 0%.pdf				

Note To Reviewer

Naz Melyas on 09/02/2011 10:05 AM

Stephanie Fowler

09/02/2011 01:50 PM

Annual Rate Certification

Please re-opened this filing so that we can submit rate sheets reflecting no rate increase for approval to count as our annual filing. Thank you for your time and consideration.

Naz Melyas

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	12.000%
Effective Date of Last Rate Revision:	10/01/2010
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	15.000%	15.000%	\$28,935	105	\$192,901	15.000%	15.000%

SERFF Tracking Number: UTAC-127342402 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 49411

Company Tracking Number: LOYAL STD 2011 RATE FILING

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Loyal Std 2011 Rate Filing

Project Name/Number: Loyal Std 2011 Rate Filing/Loyal Std 2011 Rate Filing

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 09/02/2011	Current Rate Charts	L-5230, L-5231, L-5232, L-5233, L-5234, L-5235	New		Exhibit 4 - Current Rates.pdf
Approved 09/02/2011	Proposed Rate Charts	L-5230, L-5231, L-5232, L-5233, L-5234, L-5235	Revised	Previous State Filing Number: Percent Rate Change Request:	46185 Exhibit 4 - Proposed Rates 0%.pdf

ARKANSAS Community Rated Standardized Medicare Supplement

PLAN A Rates Effective 10/1/2010				
Form: L-5230		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1270.76	1337.14	1670.41
2	All	1383.20	1456.36	1820.79
3	All	1464.49	1541.71	1926.46

PLAN B Rates Effective 10/1/2010				
Form: L-5231		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1557.96	1639.25	2048.39
2	All	1694.79	1784.21	2231.28
3	All	1795.05	1889.88	2361.33

PLAN C Rates Effective 10/1/2010				
Form: L-5232		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1770.66	1864.14	2331.53
2	All	1916.97	2017.23	2521.19
3	All	2021.29	2128.32	2660.73

PLAN D Rates Effective 10/1/2010				
Form: L-5233		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1648.73	1735.44	2170.31
2	All	1796.40	1891.23	2365.40
3	All	1902.07	2002.32	2502.23

PLAN F Rates Effective 10/1/2010				
Form: L-5234		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1777.43	1870.91	2339.66
2	All	1922.39	2024.00	2530.68
3	All	2026.71	2133.73	2668.86

PLAN G Rates Effective 10/1/2010				
Form: L-5235		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1654.15	1740.86	2175.73
2	All	1803.17	1898.01	2373.53
3	All	1907.49	2007.74	2510.36

Areas:	1	716-719, 724-729	Modal Factors:	0.5200	Semi-Annual
	2	720-721		0.2650	Quarter
	3	722-723		0.0850	Monthly Bank Draft

ARKANSAS Community Rated Standardized Medicare Supplement

PLAN A Proposed Rates				0.00%
Form: L-5230		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1270.76	1337.14	1670.41
2	All	1383.20	1456.36	1820.79
3	All	1464.49	1541.71	1926.46

PLAN B Proposed Rates				0.00%
Form: L-5231		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1557.96	1639.25	2048.39
2	All	1694.79	1784.21	2231.28
3	All	1795.05	1889.88	2361.33

PLAN C Proposed Rates				0.00%
Form: L-5232		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1770.66	1864.14	2331.53
2	All	1916.97	2017.23	2521.19
3	All	2021.29	2128.32	2660.73

PLAN D Proposed Rates				0.00%
Form: L-5233		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1648.73	1735.44	2170.31
2	All	1796.40	1891.23	2365.40
3	All	1902.07	2002.32	2502.23

PLAN F Proposed Rates				0.00%
Form: L-5234		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1777.43	1870.91	2339.66
2	All	1922.39	2024.00	2530.68
3	All	2026.71	2133.73	2668.86

PLAN G Proposed Rates				0.00%
Form: L-5235		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1654.15	1740.86	2175.73
2	All	1803.17	1898.01	2373.53
3	All	1907.49	2007.74	2510.36

Areas:	1	716-719, 724-729	Modal Factors:	0.5200	Semi-Annual
	2	720-721		0.2650	Quarter
	3	722-723		0.0850	Monthly Bank Draft

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/27/2011	Rate and Rule	Proposed Rate Charts @ 12%	09/02/2011	Exhibit 4 - Proposed Rates.pdf (Superceded)